

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/9/2004-90006-027-\$550.00-\$550.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



MOORE CR2E034 (4/04)

DOCUMENT # P03000133674					
1. Entity Name R.S.A. CONTRACTORS, CORP					
Principal Place of Business 4035 NW 115TH AVENUE CORAL SPRINGS FL 33065			Mailing Address 4035 NW 115TH AVENUE CORAL SPRINGS FL 33065		
2. Principal Place of Business 4035 NW 115TH AVE			3. Mailing Address 4035 NW 115TH AVE		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State CORAL SPRINGS, FL		City & State CORAL SPRINGS, FL		4. FEI Number 20-0410793	
Zip 33065	Country U.S.	Zip 33065	Country U.S.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent APREA, RICARDO S 4035 NW 115TH AVENUE CORAL SPRINGS FL 33065				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00 <input type="checkbox"/>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD APREA, RICARDO S 4035 NW 115TH AVENUE CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SILVIA APREA 4035 NW 115 AV CORAL SP. FL: 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			800042524358 11/05/04--01052--008 **200.00		
SIGNATURE: RICARDO SERGIO APREA 8-4-04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					